

Request for Applications

8 Pages

Application Name: Choose Life Adoption Assistance Program Fund

Issue Date: March 1, 2010

Application Due Date: Must be received or postmarked by May 1, 2010

Proposed Grant Period: July 1, 2010-- June 30, 2011

If mailing application send to:

Arkansas Right to Life
P.O. Box 1697
Little Rock, AR 72203
Attention: Rose Mimms

If delivering application bring to:

Arkansas Right to Life
1515 South University Avenue
Little Rock, AR 72204
501-663-4237
Attention: Rose Mimms

Notice: Arkansas Right to Life determines at its sole discretion what organizations will receive funds; applicants do not have a right to the funds.

Revised 02/10

Choose Life Adoption Assistance Program Fund Request for Applications

Introduction:

Arkansas Right to Life is requesting applications for funding from the Choose Life Adoption Assistance Program Fund. Qualified applicants are non-profit organizations that provide adoption services to the community that include counseling and meeting the physical needs of pregnant women who are committed to placing their children for adoption.

Background:

Act 344 of 2003 established a special “Choose Life” motor vehicle license plate for the support of adoption programs in Arkansas. The purpose of the special license plate is to provide support for organizations that encourage adoption as a positive choice for women with unplanned pregnancies. Purchase of the “Choose Life” special license plate requires payment of \$25.00 to the Department of Finance and Administration for use of the plate design. This \$25.00 fee is distributed as follows:

- 98% (\$24.50) of the design use fee for each plate purchased is placed in the Choose Life Adoption Assistance Fund to be used by Arkansas Right to Life to distribute to qualified non-profit organizations.
- 2% (\$.50) is used by Arkansas Right to Life for expenses to administer the program.

Funds Available:

Funds to be distributed will be the total funds received (plus interest, less the 2% administration expenses) in the Choose Life Adoption Assistance Fund from July 1, 2009 through June 30, 2010. All funds will be distributed on a pro rata basis to qualified non-profit organizations. The amount of funding for each qualified organization receiving an award will be determined by the following formula:

Amount awarded to each qualified organization = $\frac{\text{Total funds available for the Choose Life Grants}}{\text{Number of qualified organizations that apply}}$

The amount of funds available is unknown until after June 30, 2010. The actual amount of funds to be awarded is unknown until the number of qualified organizations is determined by July 15, 2010.

Requirements for Eligibility for Funding and Application Process:

To qualify to receive the funds available through the Choose Life Adoption Assistance Program, an organization’s **application must be received or postmarked on or before May 1, 2010** at Arkansas Right to Life. Send the **original with eight (8) copies** of the Application for Funding and Affidavit of Eligibility (Attachment A) signed by a representative of the organization that states the organization:

1. Is a non-profit organization;
2. Does not discriminate because of race, marital status, gender, religion, national origin, handicap, or age;
3. Counsels pregnant women about the option of placing their children for adoption or facilitates the adoption of children who are, or will become, available for adoption;
4. Is not involved or associated in any way with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures or pro-abortion advertising;
5. Does not charge birth mothers for any services provided;
6. Will use the funds received only for the purposes and under the restrictions outlined in this document;
7. Will use none of the funds for administrative expenses, legal expenses, or capital expenditures;
8. Will return any unused funds of the 2010/2011 grant by July 10, 2011;
9. The agency may reimburse itself for any expenses incurred during the period when unused funds are returned and new grant funds are received for expenses that qualify for payment through the grant;
10. Will submit to an annual audit of the funds received;
11. Will not utilize any of the funds to teach or promote religion.

APPLICATION CONSISTS OF THE FOLLOWING DOCUMENTS:

1. **Attachment A – Application for Funding and Affidavit of Eligibility**
2. **Attachment B – Scope of Project/Budget Narrative Form**
3. **Attachment C – IRS W-9 Taxpayer Identification Number & Certification**
4. **A copy of the most recent IRS 501 (c) 3 authorization letter.**
5. **The original application plus 8 hard copies.**

Applications must be received or postmarked by May 1, 2010, at the address on the front page of this Request for Applications document. Incomplete affidavits, faxed affidavits, affidavits in any other electronic format, or affidavits received after this date will not be considered.

Restrictions:

- 1) Funds shall not be distributed to any organization that is involved or associated with abortion activities, including counseling for or referral to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising.
- 2) Funds will not be distributed to any organization that charges birth mothers for services received;
- 3) 60% of the funds received by recipient organizations may be used only to provide for the material needs of pregnant women who are committed to placing their children for adoption or expended on infants awaiting placement with adoptive parents.
 - Material needs of the pregnant woman shall include clothing, housing, medical care, food, utilities, and transportation.
- 4) 40% of the funds may be used only for adoption counseling, training, or advertising, but shall not be used for administrative expenses, legal expenses, or capital expenditures.

Revised 02/10

Subrecipient Agreement:

Upon notification of award, Qualified Applicants for the Choose Life Adoption Assistance Program funds must complete and sign an Arkansas Right to Life Subrecipient Award Agreement.

Audit Requirement:

By July 10, 2011, an organization that received Choose Life Adoption Assistance Program funds must submit an audit report of the funds received to Arkansas Right to Life verifying that the funds received were used in the manner prescribed by this Request for Applications document. Arkansas Right to Life will provide the audit report form including a summary sheet for the 40/60 grant expenditures. This audit report will be reviewed by the Choose Life Review Committee for completeness, accuracy, and compliance with the requirements and restrictions of this Request for Applications (RFA) document. Audit results may factor in the issuance of future grant awards.

Award Criteria:

Applications for Funding and Affidavit of Eligibility will be reviewed for completeness and compliance with this RFA document by the Choose Life Review Committee elected by the board of Arkansas Right to Life. Affidavits determined by the review to be complete and compliant with this RFA will be eligible for an award.

Notification:

Arkansas Right to Life will mail written notification to qualified organizations of eligibility for an award in July. Arkansas Right to Life will make available the amount of the award and sub grant agreements for signature during August.

Check List

**COMPLETE APPLICATION
CONSISTS OF THE FOLLOWING DOCUMENTS:**

- 1. Attachment A – Application for Funding and Affidavit of Eligibility**
- 2. Attachment B – Scope of Project/Budget Narrative Form**
- 3. Attachment C – IRS W-9 Taxpayer Identification Number & Certification**
- 4. IRS 501 (c) 3 authorization letter**
- 5. Original application plus 8 hard copies.**

MUST BE HAND DELIVERED/POSTMARKED BY MAY 1ST

ATTACHMENT A

Arkansas Right to Life

2010/2011

Choose Life Adoption Assistance Program Fund

Application for Funding and Affidavit of Eligibility

Name of Organization: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____

Title: _____

Telephone: _____ Fax: _____

E-mail: _____

I certify that the organization for which I am applying complies with each of the following requirements to receive Choose Life Adoption Assistance Program funding (answer yes or no to each question and attach any requested verification):

1. Does the Internal Revenue Service recognize your organization as a non-profit organization? Yes _____ No _____ Is the latest IRS letter awarding the organization non-profit status under paragraph 501 (c) 3 attached? Yes _____ No _____
2. Does your organization discriminate because of race, marital status, gender, religion, national origin, handicap, or age? Yes _____ No _____
3. Does your organization counsel pregnant women about the option of placing their children for adoption or facilitate the adoption of children who are, or will become, available for adoption? Yes _____ No _____
4. Is your organization involved or associated in any way with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures or pro-abortion advertising? Yes _____ No _____
5. Does your organization charge birth mothers for any services provided? Yes ___ No ___

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I certify that the organization for which I am applying agrees to each of the following terms and conditions for receiving Choose Life Adoption Assistance Program Funding:

1. Will you use the funds received only for the purposes and under the restrictions listed below? Yes _____ No _____
2. Do you understand that you may not use the funds for administrative expenses, legal expenses, or capital expenditures? Yes _____ No _____
3. Will you return any unused funds of the 2010/2011 grant by July 10, 2011? Yes _____ No _____
4. Will you submit to an annual audit of any funds received from the Choose Life Adoption Assistance Fund? Yes _____ No _____
5. Do you understand that you may not use any Choose Life Adoption Assistance funds to teach or promote religion? Yes _____ No _____
6. I will use any funds received from the Choose Life Adoption Assistance Program as follows:
 - 60% to provide for the material needs of pregnant women who are committed to placing their children for adoption or expended on infants awaiting placement with adoptive parents.
 - Material needs of the pregnant woman shall include clothing, housing, medical care, food, utilities, and transportation.
 - 40% for adoption counseling, training, or advertising, but not be used for administrative expenses, legal expenses, or capital expenditures.
Yes _____ No _____

The following is a brief description of this organization's plan for utilizing funds from the Choose Life Adoption Assistance Program: _____

AFFIDAVIT

I certify under penalties for perjury that to the best of my knowledge and belief that each of the above statements is true and correct and reflects the established policies of the organization for which I am applying. I agree to comply with the requirements of Arkansas Code 27-24-101 *et seq* and subsequent requirements of Arkansas Right to Life.

Signature: _____ Printed Name: _____

State of Arkansas
County of _____ Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Signature: _____ My commission expires: _____.

ARKANSAS RIGHT TO LIFE

Choose Life Adoption Assistance Program

2010/2011

Scope of Project/Budget Narrative Form

Subrecipient Name: _____

Scope of Project: _____

Budget

60% for material needs: Clothing, Housing, Medical Care, Food, Utilities, Transportation

Brief Description: _____

40% for Adoption Counseling, Training, Advertising

Brief Description: _____

Form **W-9**
(Rev. January 2002)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific
Instructions on
page 2.

Name _____

Business name, if different from above _____

Check appropriate box: Individual/
Sole proprietor Corporation Partnership Other ▶ Exempt from backup
withholding

Address (number, street, and apt. or suite no.) _____

City, state, and ZIP code _____

List account number(s) here (optional) _____

Requester's name and address (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Social security number
OR
Employer identification number

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.